

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES **2021-2023 Strategic Plan**



Introduction

The North Carolina Department of Health and Human Services 2021-2023 Strategic Plan is grounded in the Department's values, driven by equity, rooted in our commitment to whole-person care, and responsive to the lessons learned responding to the greatest health crisis in a more than a generation.

DHHS will further advance its mission to improve the health, safety, and wellbeing of all North Carolinians by working toward the following goals:

1. Advance health equity by reducing disparities in opportunity and outcomes for historically marginalized populations within DHHS and across the state.
2. Help North Carolinians end the pandemic, control the spread of COVID-19, recover stronger, and be prepared for future public health crises with an emphasis on initiatives serving those communities most impacted.
3. Build an innovative, coordinated, and whole-person — physical, mental and social health — centered system that addresses both medical and non-medical drivers of health.
4. Turn the tide on North Carolina's opioid and substance use crisis.
5. Improve child and family well-being so all children have the opportunity to develop to their full potential and thrive.
6. Support individuals with disabilities and older adults in leading safe, healthy and fulfilling lives.
7. Achieve operational excellence by living our values — belonging, joy, people-focused, proactive communication, stewardship, teamwork, and transparency.

The plan outlines objectives and strategies to be implemented over the next two years to make progress on these seven goals. The work is interconnected. While strategies may only appear once, they often contribute to multiple objectives and goals across the plan.

Finally, the Strategic plan was created in the context of the ongoing COVID-19 pandemic. Containing, mitigating, and recovering from the pandemic will be central to our work over the next two years.

MISSION: In collaboration with our partners, the North Carolina Department of Health and Human Services provides essential services to improve the health, safety, and wellbeing of all North Carolinians.

VISION: Advancing innovative solutions that foster independence, improve health, and promote well-being for all North Carolinians.

VALUES



Belonging: Intentionally promote an inclusive, equitable workplace that reflects the communities we serve, where everyone feels a sense of belonging, and our diverse backgrounds and experiences are valued and recognized as strengths.



Joy: Have joy and balance at work so we all bring our A-game when serving the people of North Carolina.



People-Focused: Focus on the people we serve, deliver value and make a positive impact on their lives and communities.



Proactive Communication: Maintain an open and trusting environment for collaboration and continuous improvement with our team, stakeholders and the people we serve.



Stewardship: Be good stewards of resources and time to create a positive impact for those we serve.



Teamwork: We are all one department, one team, working toward one goal: to improve the health, safety and well-being of all North Carolinians.



Transparency: Share expertise, information and honest feedback within the Department and with stakeholders and the community. Ask for help when needed.

GOAL 1: Advance health equity by reducing disparities in opportunity and outcomes for historically marginalized populations within DHHS and across the state.

INDICATORS OF SUCCESS:

- More children and adults from historically marginalized populations will access preventive health Medicaid services.
- Fewer Black infants will die in their first year of life.
- More leaders at DHHS will be from historically marginalized populations.

OBJECTIVE: Create a culture of and structure for equity across the Department.

STRATEGIES	PERFORMANCE MEASURES
<p>► Hire a Chief Equity Officer reporting to the Secretary to lead cross department work on equity and oversee a new Office of Health Equity.</p> <p>The Chief Health Equity Officer will lead the overarching strategy and operational goals to promote health equity, diversity, and inclusion across all the agency's health and human services. As a member of the executive leadership team, the Chief Health Equity Officer will be responsible for developing, implementing, facilitating, and embedding health equity strategic initiatives into every aspect of DHHS' programs, services, actions, outcomes, and internal employee culture. This position will oversee the Office of Health Equity, Office of Rural Health, and the Office of Diversity of Inclusion.</p>	<ul style="list-style-type: none"> • Milestone: Chief Equity Officer hired • Milestone: Office of Health Equity established
<p>► Provide staff training and ongoing professional development on equity that builds understanding of and competencies to advance health equity.</p> <p>Advancing equity requires intentional skill-building so that employees are equipped with the knowledge and skills they need to contribute to an effective culture where people from all backgrounds can thrive and so that equity is the starting point for the creation and implementation of the Department's policies and programs. DHHS will require training for staff on how to understand equity, apply an equity lens, and address health equity through their own work.</p>	<ul style="list-style-type: none"> • Milestone: By FY 22-23 all employees will be required to complete annual equity training included as a NCVIP goal/task • Metric: Percent of DHHS staff that completes training on equity
<p>► Create equity plans that articulate how the work of each division will advance health equity and improve health equity outcomes in North Carolina.</p> <p>The Office of Health Equity will support each DHHS Division and Office in creating a plan that defines how its work will advance health equity. Plans will include specific strategies and key metrics to monitor impact.</p>	<ul style="list-style-type: none"> • Milestone: All divisions and offices have an equity plan

<p>► Invest in salary equity and training to recruit and retain qualified staff.</p> <p>The Office of Human Resources (OHR) will develop a framework to quantify and examine salary equity and use this framework to conduct a salary equity audit. OHR will use the audit findings to inform strategies to increase salary equity.</p>	<ul style="list-style-type: none"> • Milestone: Complete a pay equity audit within the first fiscal year
<p>► Create a more diverse and inclusive workforce through improving recruitment and interviewing processes, retention strategies, and professional development.</p> <p>The Office of Human Resources (OHR) will create a framework for Divisions and Offices to examine recruiting and retention practices, including recruitment sources of new hires, time to hire, turnover rate, and diversity across organization levels. OHR will provide training to hiring managers on building and supporting diverse teams, supporting equitable upward mobility, and building diverse talent pipelines to recruit strategic skillsets.</p>	<ul style="list-style-type: none"> • Metric: Percent of hiring managers that completes course within the first year of its availability

OBJECTIVE: Use data to hold ourselves and our partners accountable for equity.

STRATEGIES	PERFORMANCE MEASURES
<p>► Build and expand key metrics, reporting, and dashboards that identify and monitor health disparities in key health outcomes to drive action and provide transparency into health equity initiatives.</p> <p>The Data Office and Office of Health Equity will build a toolkit for Divisions, teams, and programs across the department to use to develop and track key equity metrics. The Data Office and Office of Health Equity will support divisions, teams, and programs to use the toolkit to track, analyze, and act on key metrics, reporting, and dashboards.</p>	<ul style="list-style-type: none"> • Milestone: Complete development of equity data toolkit • Metric: Number of divisions that have developed key equity metrics, reports, and dashboards
<p>► Improve data and technology infrastructure to increase equitable access to services and make the process easier, more convenient, and more human-centered to apply for and use DHHS-administered benefits and services.</p> <p>People enrolled in one program are often eligible for additional programs that would support their health and wellbeing, but not be aware that they are eligible for additional programs and as a result miss out on needed supports. DHHS will pilot a program to identify this enrollment gap in two selected programs with the goal of bringing the program to scale.</p> <p>To make the application process more accessible, DHHS will simplify online enrollment for key pilot programs and use a variety of outreach tools to meet people where they are, such as texting notifications to apply for programs, on-demand application interviews, and multi-language outreach materials.</p>	<ul style="list-style-type: none"> • Metric: Complete use case to integrate data between two or more programs to help increase program access/enrollment

<p>► Strengthen our surveillance systems' ability to track key health outcomes in vulnerable and hard to reach populations to more rapidly identify and monitor emerging issues.</p> <p>The Data Office will identify gaps and limitations in data collection for underserved populations and make recommendations to fill in these gaps. The Data Office will develop reports and dashboards to track key health outcomes to drive decision-making about DHHS policies and programs.</p>	<ul style="list-style-type: none"> • Metric: Comprehensive recommendations to address data gaps. • Metric: Regularly updated reports and dashboards to track data completeness on key health outcomes
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OBJECTIVE: Mitigate barriers to equitable access of health services.

STRATEGIES	PERFORMANCE MEASURES
<p>► Increase the number of North Carolina health care providers from historically marginalized populations.</p> <p>DHHS administers more than \$23.7M in contracts to expand access to high quality health care for rural and underserved communities. DHHS will identify the number of contracted providers that are from historically marginalized populations. Based on that audit, it will identify priority areas of investment for increasing the number of providers from historically marginalized populations.</p> <p>DHHS will provide technical assistance for providers from historically marginalized populations focused on identifying and accessing sustainable funding sources, such as public grantmaking and contracting processes, and accessing reimbursement for publicly funded services.</p>	<ul style="list-style-type: none"> • Metric: Percent of DHHS contracted providers that are from historically marginalized populations
<p>► Expand services that address language access and transportation barriers to promote access to health and human services.</p> <p>DHHS will 1) evaluate the feasibility of expanding new transportation programs and partnerships used in pandemic response to support access to a broader range of services; 2) continue to expand telehealth and scope of practice flexibilities to reduce transportation burdens; and 3) provide free training and technical assistance to organizations on cultural competence language access, based on the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, a set of 15 action steps that organizations take to reduce the cultural and linguistic barriers that diminish quality care and sustain health disparities.</p>	<ul style="list-style-type: none"> • Metric: Number of healthcare providers that receive training on language access or cultural competence
<p>► Expand access to care in rural and underserved communities through telehealth and scopes of practice flexibilities.</p> <p>DHHS will review the new telehealth and scopes of practice flexibilities implemented during the pandemic and identify flexibilities that can be made permanent to sustain expanded healthcare access in rural and underserved communities.</p> <p>DHHS will coordinate with DIT to build capacity for innovative delivery models — including specialty physical health and dental services, behavioral health, and substance use services — in “telehealth ready” sites.</p>	<ul style="list-style-type: none"> • Metric: Number of people served through telehealth services in rural and underserved zip codes

<p>► Provide culturally appropriate care by launching the Tribal Option for Medicaid Managed Care.</p> <p>DHHS will launch, award contracts, and enroll beneficiaries in the Eastern Band of Cherokee Indians (EBCI) Tribal Option. The Tribal Option is a health plan managed by the Cherokee Indian Hospital Authority (CIHA) to meet the primary care coordination needs of federally recognized tribal members and others eligible for services through Indian Health Service (IHS). The EBCI Tribal Option will build on the Tribe’s strong medical model and deliver high-quality care at the local level. The EBCI Tribal Option offers care coordination and management of Medicaid medical, behavioral health, pharmacy, and support services to address the health needs of American Indian/Alaskan Native Medicaid beneficiaries.</p>	<ul style="list-style-type: none"> • Metric: Percent of eligible people enrolled in EBCI Tribal Option
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OBJECTIVE: Support local capacity to overcome persistent health inequities.

STRATEGIES	PERFORMANCE MEASURES
<p>► Create a public/private partnership that invests in state, regional and community partners led by and serving historically marginalized populations to focus on overcoming barriers to health equity.</p> <p>DHHS will continue to operate Healthier Together: Health Equity Action Network, a public private partnership to increase the number of individuals from historically marginalized populations receiving COVID-19 vaccinations across North Carolina. DHHS will build upon the Healthier Together model to improve health equity outcomes and deliver trusted health messaging in other key areas in partnership with state and local stakeholders.</p>	<ul style="list-style-type: none"> • Metric: Number of people served through Healthier Together
<p>► Ensure a robust community health worker program serves as trusted connections between health and human services systems and communities.</p> <p>Community Health Workers are trusted community members who have bolstered the state’s COVID-19 response and helped North Carolinians, especially those in historically underserved communities, navigate the pandemic. The Office of Rural Health will support a robust and sustainable community health worker model by providing a centralized resource hub, offering training, and convening the North Carolina Community Health Worker Alliance.</p>	<ul style="list-style-type: none"> • Metric: Number of people served by CHWs

OBJECTIVE: Advance programs and policies to reduce racial gaps in infant mortality.

STRATEGIES	PERFORMANCE MEASURES
<p>► Expand Medicaid.</p> <p>Studies show that the Medicaid expansion has had positive impacts on maternal and infant access to — and use of — care and health outcomes and narrowed racial disparities in certain measures including health coverage, maternal mortality, infant mortality, low birthweight, and preterm birth. DHHS will continue to support efforts to close the state’s health care coverage gap.</p>	<ul style="list-style-type: none">• Milestone: Medicaid is expanded under the Affordable Care Act
<p>► Improve pre-conception routine medical check-ups and family planning counseling.</p> <p>DHHS will work with providers to reduce racial and ethnic gaps in the number of people who receive pre-conception routine medical checkups and expand access to family planning counseling that include a focus on key drivers of infant mortality; intimate partner violence, substance use, immunizations, depression, body mass index, blood pressure, and diabetes. This will include training providers to universally screen for unmet resource needs and risk factors for infant mortality.</p>	<ul style="list-style-type: none">• Metric: Number of people that are screened for unmet resource needs and risk factors as part of a routine medical checkup or family planning counseling
<p>► Improve access to and use of prenatal care, Centering Pregnancy Programs, doula services, and evidence-based home visiting programs.</p> <p>DHHS will expand outreach to pregnant women to expand enrollment in Medicaid Maternal Support Services (Baby Love) during pregnancy. DHHS will increase the number of Medicaid beneficiaries that receive pre-natal care in the first trimester. DHHS will also work with providers to increase the number of Centering Pregnancy and home visiting sites across the state to expand access to these programs.</p>	<ul style="list-style-type: none">• Metric: Percent of individuals who receive prenatal care in the first trimester by race/ethnicity
<p>► Increase access to smoking cessation, obesity and diabetes prevention, and alcohol use programs to women of reproductive age and to pregnant people.</p> <p>Smoking, obesity, diabetes, and alcohol use are key drivers of infant mortality in the first year of life. DHHS will expand awareness of and access to existing evidence-based programs for smoking cessation, diabetes prevention, and alcohol and substance use treatment programs for pregnant women and women of reproductive age. DHHS will partner with trusted messengers in historically marginalized communities to increase use of these programs among historically marginalized women. DHHS will provide training to healthcare providers that work with pregnant women and women of reproductive age to refer to evidence-based programs.</p>	<ul style="list-style-type: none">• Metric: Number of women that access smoking cessation, obesity, diabetes prevention, or alcohol and substance use programs

GOAL 2: Help North Carolinians control the spread of COVID-19, recover stronger, and be prepared for future public health crises with an emphasis on initiatives serving those communities most impacted.

INDICATORS OF SUCCESS:

- COVID-19 key metrics, including COVID-like illness, cases, the percent of tests that are positive, and hospitalizations, remain low and there is minimal community spread.
- Two-thirds of North Carolinians are vaccinated against COVID-19.
- Parents return to work because they have access to high-quality, affordable child care options.

OBJECTIVE: Contain the virus and control the spread of COVID-19.

STRATEGIES	PERFORMANCE MEASURES
<p>► Eliminate barriers to access COVID-19 vaccines.</p> <p>DHHS will ensure vaccine supply is widely available in accessible and trusted places including primary care practices, pharmacies, community settings, mobile settings, pop-up clinics, and worksites with flexible operations including walk-in and after-hour access. Healthier Together, a public-private partnership to increase the number of historically marginalized populations receiving the COVID19 vaccine, will promote partnerships of vaccine providers and Community Based Organizations. The COVID-19 Response Team will decrease transportation barriers with mobile clinics or sites within community settings and promoting cash cards for people providing transportation. DHHS will provide accurate information on the vaccines for people who have questions or concerns.</p>	<ul style="list-style-type: none"> • Metric: Percent of people eligible for the COVID-19 vaccine that have been vaccinated
<p>► Build upon North Carolina's COVID-19 early warning systems to quickly identify potential increases in viral spread.</p> <p>Accurate and timely data helps DHHS, state, and local partners rapidly respond to outbreaks and target efforts to mitigate COVID-19 spread. DHHS will continue to build on improvements to North Carolina's disease surveillance systems during the pandemic to ensure rapid and complete reporting of COVID-19, including expanding the number of healthcare and hospital systems that report COVID-19 cases electronically and increasing the number of sites participating in the NC wastewater surveillance system. DHHS will continue to work with federal partners and providers to increase sequencing of COVID-19 to create timely and representative data on new COVID-19 variants of concern.</p>	<ul style="list-style-type: none"> • Milestone: Number of hospitals/ healthcare systems submitting COVID-19 cases via automated reporting from electronic health records • Milestone: Number of sites participating in NC's wastewater surveillance system

<p>► Implement a rapid-response action plan to address outbreaks and COVID19 reduce spread.</p> <p>DHHS will update its rapid response action plan to address the changing nature of the pandemic, including new variants, the availability of mitigation tools such as vaccines for younger age groups, and the capacity of local partners. The rapid response plan will support maintaining capacity to quickly surge testing, contact tracing, vaccinations, and public communication.</p>	<ul style="list-style-type: none"> • Milestone: Rapid response action plan updated
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OBJECTIVE: Support Hard Hit Families, Essential Workers, and Communities.

STRATEGIES	PERFORMANCE MEASURES
<p>► Expand rapid access to crisis services to combat the mental health impacts of the pandemic, including implementing the national 988 number.</p> <p>DHHS will expand its crisis and mental health services to serve the increased need due to the COVID-19 pandemic, including implementing the national mental health crisis and suicide prevention 988 number. DHHS also will launch and begin implementation on a new statewide suicide prevention action plan. DHHS will continue to operate the Hope4NC line to provide free and confidential emotional support, counseling referrals and community resources to North Carolinians.</p>	<ul style="list-style-type: none"> • Metric: Number of suicides per 100k • Milestone: Suicide prevention action plan is launched
<p>► Support housing stability by preventing evictions, preventing homelessness, and helping people experiencing homelessness move toward safe and stable housing.</p> <p>DHHS will work in partnership with local housing agencies to prevent homelessness and rapidly rehouse people impacted by COVID-19 who are experiencing homelessness. Support includes providing housing navigation services, financial assistance, and case management. DHHS will support and partner with the NC Office of Recovery and Resilience (NCORR) to implement the Housing Opportunities and Prevention of Evictions Program (HOPE), which provides rent and utility assistance to low-income renters that are experiencing financial hardship due to the economic impacts of COVID-19. The program helps prevent evictions and utility disconnections to promote housing stability during the ongoing COVID-19 pandemic.</p>	<ul style="list-style-type: none"> • Metric: Number of people experiencing homelessness that received services to prevent homelessness or rapidly rehouse • Metric: Number of people at risk of eviction served through HOPE program

OBJECTIVE: Upgrade Public Health Capacity and Infrastructure to be prepared for future crises.

STRATEGIES	PERFORMANCE MEASURES
<p>► Improve DHHS emergency management readiness by creating an Office of Preparedness, Response, and Recovery.</p> <p>DHHS will establish an Office of Preparedness, Response, and Recovery to lead DHHS' management of the COVID19 pandemic. The Office will coordinate efforts with North Carolina Emergency Management and other partners to increase North Carolina's readiness to respond to a future public health emergency, and lead DHHS' role in future emergencies.</p>	<ul style="list-style-type: none">• Milestone: Office established and director hired
<p>► Complete a COVID-19 Future Pandemic Plan.</p> <p>DHHS will examine lessons learned from the coordinated response effort to the COVID-19 pandemic through 2020 and 2021 to create a readiness plan for a future widespread health emergency.</p>	<ul style="list-style-type: none">• Milestone: Future Pandemic Plan is created

GOAL 3: Build an innovative, coordinated, and whole-person — physical, mental and social health — centered system that addresses both medical and non-medical drivers of health.

INDICATORS OF SUCCESS:

- More North Carolinians have affordable health insurance.
- Fewer veterans are homeless.
- More people are connected to community resources that improve health outcomes; like housing, transportation, food, and support to address personal violence.

OBJECTIVE: Grow capacity to address non-medical drivers of health.

STRATEGIES	PERFORMANCE MEASURES
<p>► Support people with disabilities to live their lives as fully included members of the community by engaging in an inclusive process to develop and implement an updated strategic Olmstead Plan.</p> <p>DHHS will create an updated statewide strategic Olmstead plan to support people with disabilities in the most integrated settings appropriate to their needs as required under the landmark Olmstead v. L.C. United States Supreme Court decision. The DHHS will convene an Olmstead Plan Stakeholder Advisory Committee to advise how DHHS's and other state agencies' systems, funding, services, and housing options function to serve people with disabilities in integrated settings.</p>	<ul style="list-style-type: none"> • Milestone: Launch updated Olmstead plan
<p>► Grow NCCARE360 by adding more health systems, payers, providers and community-based organizations with timely closing of referrals.</p> <p>NCCARE360 is the nation's first statewide coordinated care network to electronically connect people with identified resource needs to community organizations like food banks and allow for a feedback loop on the outcome of that connection. This shared technology platform enables health care and human service providers to not only send and receive secure electronic referrals, but also to seamlessly communicate in real-time, securely share client information, and track outcomes.</p> <p>NCCARE360 will strengthen its network to include Medicaid Standard Plans, LME-MCOs, CCNC, and Ombudsman, Health Systems, Medical Homes, DHHS Stakeholders, Programs, and Grantees, and community-based organizations statewide.</p>	<ul style="list-style-type: none"> • Milestone: NCCARE360 statewide implementation meets 100% of defined Network Adequacy standards • Milestone: 60% of referrals are responded to in less than 4 days

► **Coordinate DHHS housing services and improve outcomes for people at risk of or are experiencing homelessness by establishing an Office of Housing and Homelessness.**

DHHS will establish an Office of Housing and Homelessness to lead housing services and initiatives across the department. This will include the Housing Opportunities and Prevention of Evictions Program (HOPE) which provides rent and utility assistance to low-income renters that are experiencing financial hardship due to the economic impacts of COVID-19. The Office of Housing and Homelessness will create and execute a strategic plan to reduce the number of people experiencing homelessness and reduce the percentage of extremely low-income households with severe cost burdens.

- Milestone: Office is established and director is hired

OBJECTIVE: Build fiscally sustainable models to provide for integrated, whole person health.

STRATEGIES

PERFORMANCE MEASURES

► **Launch regional Healthy Opportunities Pilots to test the integration of non-medical drivers of health into the healthcare delivery system and identify most effective use of Medicaid dollars to pay for high value, non-medical health related services.**

The Healthy Opportunities Pilots are an unprecedented opportunity to test the impact of providing select, evidence-based non-medical interventions to higher-risk Medicaid Managed Care enrollees. The Pilots will allow up to \$650 million in federal and state Medicaid funding for services that directly impact the health outcomes and health care costs of enrollees in three regions of the State. The pilots will provide services related to housing, food, transportation and interpersonal safety and toxic stress, and will maximize learning and strengthen the existing evidence around the combination of health-related, non-medical interventions that generate the largest positive effects on health and have the highest return on investment for certain high-need Medicaid enrollees.

- Milestone: Award network leads and launch service delivery by 2022

► **Hold the Medicaid managed care health plans accountable for meeting performance standards around behavioral health parity, social determinants of health support, and implementation of value-based payments.**

With the launch of Managed Care, NC Medicaid will increasingly tie payment to value to buy whole person health and incentivize better health outcomes. NC Medicaid will support Prepaid Health Plan (PHPs) and provider contracting flexibility that helps providers deliver care in new ways. PHPs will play a critical role in driving forward Medicaid's Value-Based Purchasing (VBP) goals. DHHS will hold PHPs accountable for meeting the expectations and targets for implementing value based payments laid out in the Value Based Payment guidance.

- Milestone: DHHS has assessed each of the PHPs on compliance with published behavioral health and VBP targets

OBJECTIVE: Leverage North Carolina’s public payer system to expand access to high quality insurance and innovate in “buying health.”

STRATEGIES	PERFORMANCE MEASURES
<p>► Expand Medicaid.</p> <p>Medicaid expansion would provide more than 600,000 North Carolinians with access to healthcare for chronic conditions, to prevent illness and disease progression and live healthy, productive lives. Closing the coverage gap is associated with reductions in cancer, heart disease, opioid related complications, and improved mental health.</p>	<ul style="list-style-type: none"> • Milestone: North Carolina has expanded Medicaid under the Affordable Care Act
<p>► Award contracts for NC Medicaid Tailored Plans to meet the behavioral health and intellectual and developmental disabilities needs of beneficiaries.</p> <p>The Behavioral Health and Intellectual/Developmental Disability Tailored Plan is an integrated health plan designed for individuals with significant behavioral health needs and intellectual/developmental disabilities (I/DDs). Through Tailored Care Management, Behavioral Health I/DD Tailored Plan beneficiaries will have a single designated care manager supported by a multidisciplinary care team to provide integrated care management that addresses all their needs, spanning physical health, behavioral health, I/DD, TBIs, pharmacy, long-term services and supports (LTSS) and addresses their unmet health-related resource needs.</p>	<ul style="list-style-type: none"> • Milestone: Tailored plan contracts awarded. • Milestone: Recipients enrolled in tailored plans
<p>► Award contracts for NC Medicaid Foster Care programs to support the health care needs of children and youth who are currently or were formerly involved in the child welfare system.</p> <p>The Foster Care Plan will be a statewide specialty NC Medicaid Managed Care plan to ensure access to comprehensive physical and behavioral health services for children in foster care. The Foster Care Plan will include care management services to improve coordination among service providers, families, county Departments of Social Services, Department of Public Safety’s Division of Juvenile Justice, schools and other stakeholders involved in serving Foster Care Plan members.</p>	<ul style="list-style-type: none"> • Milestone: Foster care plan awarded in 2023
<p>► Promote high-quality, local care management through Advanced Medical Homes (AMH).</p> <p>As part of Medicaid Transformation and building on the success of North Carolina’s current medical home model, the Advanced Medical Home (AMH) program aims to improve care management for Medicaid beneficiaries. This program incentivizes whole person health by aligning payments for practices to specific measures including total cost of care and health outcome measures. The AMH program keeps the current Carolina ACCESS program payments to practices while also introducing new performance incentives for practices to become more focused on cost and quality outcomes over time.</p>	<ul style="list-style-type: none"> • Metric: percent of Medicaid recipients served through an advanced medical home

GOAL 4: Turn the tide on North Carolina's opioid and substance use crisis.

INDICATORS OF SUCCESS:

- Fewer people die of fatal drug overdoses than expected based on current trends
- More people who receive Medicaid or do not have health insurance receive evidence-based addiction treatment
- More people receive medication assisted treatment

OBJECTIVE: Prevent addiction by reducing inappropriate prescribing and supporting children and families.

STRATEGIES	PERFORMANCE MEASURES
<p>► Provide training on non-opioid pain management strategies for high opioid prescribers identified in the Controlled Substance Reporting System.</p> <p>DHHS in partnership with Medical and Professional Boards will continue to monitor the Controlled Substance Reporting System. High opioid prescribers or prescribers with aberrant prescribing behaviors will be referred to the appropriate medical and professional board for consideration and potential continued education and training.</p>	<ul style="list-style-type: none"> • Metric: Number of people receiving opioid prescriptions in NC
<p>► Invest in care management and connections to treatment for families with substance use disorders who are involved with the Child Welfare System.</p> <p>In North Carolina, parental substance use is the number one contributory factor to foster home placement, accounting for nearly half of all placements. In 2020 there were more than 6,700 foster care placements due to parental substance use. DHHS in partnership with county and state partners will expand the number of DSS offices operating a dedicated care management program to connect families to treatment, such as the START model. The START model was designed to intervene rigorously to recruit, engage, and retain parents and caretakers in substance use disorder treatment while keeping children safe by funding peer support specialists located at the county DSS office who build trust with engaged parents through their lived experience, and provide case management across substance use treatment providers, family support services, the judicial system, and other needed services.</p>	<ul style="list-style-type: none"> • Milestone: At least 5 counties have implemented the START program

OBJECTIVE: Advance harm reduction, address social determinants of health and eliminate stigma.

STRATEGIES	PERFORMANCE MEASURES
<p>► Invest in long-term support for syringe service programs, and expand their ability to increase drug checking to prevent overdoses from contamination.</p> <p>NC saw an unprecedented increase in overdoses during the first 18 months of COVID. One of the key barriers to expanding overdose prevention is not having a consistent support that harm reduction providers can count on to build capacity. DHHS will establish longer term capacity building support for syringe service programs (SSPs).</p> <p>NC legalized drug checking supplies in 2019 to combat the increasing number of overdoses caused by fentanyl and other contaminants. With the federal change that allows use of federal funds for fentanyl test strips, DHHS will grow its support for harm reduction providers to help program participants learn how to prevent an overdose leveraging these tools.</p>	<ul style="list-style-type: none">• Metric: Number of people served by SSPs• Metric: Number of drug checking supplies distributed to SSPs
<p>► Expand housing support services that implement a housing first model and accept people with substance use disorders.</p> <p>A portion of opioid settlement funds will flow to all 100 North Carolina counties to implement 12 Opioid And Substance Use Action Plan Strategies. DHHS in partnership with the Attorney General's Office integrated housing support services that use a low-barrier housing first model into this list of strategies for counties to spend Opioid Settlement funds. DHHS will continue to work with counties and partners to support counties in implementing the strategies listed in the Memorandum of Agreement (MOA) including housing supports.</p>	<ul style="list-style-type: none">• Metric: Number of low barrier housing providers that do not mandate drug checking as a condition of accessing services

OBJECTIVE: Connect people to care by expanding access to treatment and supports and addressing the needs of justice involved populations.

STRATEGIES	PERFORMANCE MEASURES
<p>► Increase the number of North Carolina jails that offer programs that divert people away from incarceration and into treatment and provide jail-based medication assisted treatment services.</p> <p>DHHS will continue to leverage contracts to support detention centers in implementing pre- and post-trial diversion programs, medication assisted treatment programs during incarceration, and connections to care upon release. DHHS will also establish a statewide jail-based MAT implementation center to build capacity to move jail-based MAT programs forward in North Carolina.</p>	<ul style="list-style-type: none">• Metric: Number of county detention centers that offer a pre-arrest diversion program, jail-based MAT OR re-entry connections to treatment

► **Increase strategic use of treatment dollars to maximize the number of uninsured people who are able to access evidence-based, high quality substance use disorder treatment.**

DHHS leverages more than \$50 million in federal grants to provide evidence-based addiction treatment to uninsured individuals. DHHS will continue to increase the number of uninsured people served by investing accessible medication assisted treatment providers, including federally qualified health centers (FQHCs) and in community-based settings.

- Metric: Number of uninsured people funded through public dollars to receive addiction treatment

GOAL 5: Improve child and family well-being so all children have the opportunity to develop to their full potential and thrive.

INDICATORS OF SUCCESS:

- More families have access to high-quality, affordable child care.
- There are fewer child care deserts.
- Fewer children with medical, behavioral, or social issues have prolonged stays in emergency departments and other out-of-home placements

OBJECTIVE: Build a strong infrastructure to increase access to child and family well-being services.

STRATEGIES	PERFORMANCE MEASURES
<p>► Establish a Division of Child and Family Well-Being to maximize services and outcomes for children and their families, including all child nutrition programs, prevention services for children from birth to 21, children’s mental health services, and early intervention programs.</p> <p>DHHS is working to elevate and coordinate the critical work of supporting our children and families. This includes establishing a new Division of Child and Family Well-Being, which will bring together complementary programs from the Divisions of Public Health, Mental Health, and Social Services to maximize services and outcomes for children and their families.</p>	<ul style="list-style-type: none"> • Milestone: Enrollment of eligible children and families increases in SNAP (to 90%) and WIC (to 75%)
<p>► Build a data and analysis infrastructure across child-serving sectors to identify gaps and inequities in service provision and well-being outcomes and to ensure the most effective deployment of federal, state, and local resources.</p> <p>DHHS will leverage data resources across the Department and external partners to identify gaps in child health and well-being. The Division of Child and Family Wellbeing will identify a set of key metrics to track progress toward child and family well-being strategies. Metrics will be shared internally and externally to create shared accountability for child and family well-being outcomes.</p>	<ul style="list-style-type: none"> • Milestone: A child and family data dashboard has been launched that reflects the departmental priorities in child and family health
<p>► Increase access to children’s mental health services by expanding mental health services in primary care, schools, and specialty care.</p> <p>DHHS will work with partners to improve coordination among the County Department of Social Services, LME-MCOs, schools, and Medicaid — including through Medicaid transformation efforts — to expand access to mental health services in educational settings. It will also work to enhance provider expertise through statewide psychiatric consultation for primary care. It will work with providers to pilot new models of care, including specialized assessment for children with the most complex needs, and expand enhanced mobile crisis services for children and families.</p>	<ul style="list-style-type: none"> • Metric: Number of children presenting to the emergency department in behavioral/mental health crises

OBJECTIVE: Invest in the Early Childhood workforce to expand access to high quality early care and education programs.

STRATEGIES	PERFORMANCE MEASURES
<p>► Develop a dedicated funding stream for increasing early educator compensation across settings.</p> <p>Increasing wages for early educators is critical for retaining a qualified child care workforce. DHHS will braid funds across state and federal funding sources, including the Statewide Child Care WAGE, American Rescue Plan Stabilization Grants, and American Rescue Plan Workforce Recruitment and Retainment Bonuses, to establish a dedicated source of funding to wages for early educators in licensed childcare settings.</p>	<ul style="list-style-type: none"> • Milestone: Increase average wages by 10% by 2024 in licensed child care settings • Milestone: Fund telehealth options for all employees in licensed child care
<p>► Ensure pay parity for NC Pre-K teachers across program settings.</p> <p>North Carolina Pre-K provides high-quality educational experiences to enhance school readiness for at risk 4-year-old children. However, one of the barriers to recruiting qualified Pre-K teachers is that they are paid less than Kindergarten-and-older teachers. The Governor’s budget includes a dedicated funding stream for increasing pay for Pre-K teachers. DHHS will continue to work with partners to expand pay for Pre-K teachers in both public and private settings.</p>	<ul style="list-style-type: none"> • Metric: Percent of Pre-K teachers in private sites at parity with K teachers in their district
<p>► Increase enrollment in early childhood education higher education degree or certificate programs and increase the percent of early educators with an Associate’s degree or higher.</p> <p>DHHS will work with partner organizations and accreditation boards to increase the availability of online credentials and to increase acceptance of credit for demonstration of knowledge and skills to make it easier for early childhood education staff to graduate from programs. DHHS will work with partners to increase the number of accelerated certificate programs to make certification more accessible to working early childhood education providers.</p>	<ul style="list-style-type: none"> • Milestone: 5% increase in early childhood IHE enrollment
<p>► Provide early educators with trauma informed trainings and mental health supports.</p> <p>DHHS will offer trauma informed training in partnership with the North Carolina Child Care Resource and Referral Council and Child Care Health Consultants. DHHS will work with partners to procure telehealth mental health supports for all early educators and staff in licensed child care through the Child Care and Development Fund shared services website.</p>	<ul style="list-style-type: none"> • Milestone: 20% of early educators will have access to trauma informed trainings per year

OBJECTIVE: Reform North Carolina's child welfare and social services systems to improve child outcomes in safety, permanency and wellbeing and increase transparency and accountability.

STRATEGIES	PERFORMANCE MEASURES
<p>► Implement a trauma informed child welfare practice model to support consistent practice in all 100 counties.</p> <p>To create consistency and accountability in child welfare practice throughout North Carolina, DHHS will adopt a statewide practice model. A trauma-informed, safety-focused, family-centered, and culturally competent model provides a consistent standard for counties based on an underlying set of common ideas, agreements, or policies. The Family First Prevention Services Act provides an opportunity to develop clear and consistent practice expectations for keeping children safely with their own families and ensuring needed community-based supports and services to strengthen families.</p>	<ul style="list-style-type: none"> • Milestone: Practice model has been developed and released
<p>► Implement a Regional Support model for county and private child welfare agencies to deploy continuous quality improvement and technical assistance more effectively and efficiently across the state.</p> <p>A regional support model would establish regional offices that could offer quality improvement and technical assistance so that North Carolina's child welfare system is consistently experienced by children and families in all 100 counties. DHHS will create a statewide service array by establishing regional systems of care that provide a continuum of services for children and families to prevent foster care entry.</p>	<ul style="list-style-type: none"> • Milestone: Regional model has been launched • Milestone: Regional leads have been hired for all regions
<p>► Update the Child Welfare Information system to provide real time information and data to improve both programmatic and case decision making.</p> <p>DHHS will work with state and local partners to improve the child welfare information system so that it is capable of providing more accurate and up-to-date information. A better data system helps child welfare services provide more integrated service delivery, more rapidly identify service needs, and identify eligibility for benefits.</p>	<ul style="list-style-type: none"> • Milestone: Implement upgrades to Child Welfare Information system
<p>► Develop a joint strategic plan with the Administrative Office of the Courts to improve timely permanency.</p> <p>DHHS will partner with the Administrative Office of the Courts with input from state and local partners to establish concrete, achievable strategies that North Carolina can implement to reduce the average number of days a child stays in foster care.</p>	<ul style="list-style-type: none"> • Metric: average number of days it takes for a child in the foster care system to be reunified with their family OR be permanently adopted

GOAL 6: Support individuals with disabilities and older adults in leading safe, healthy and fulfilling lives.

INDICATORS OF SUCCESS:

- Fewer people are institutionalized in nursing homes and adult care homes.
- Direct care workers earn \$15 per hour.
- More people are served with innovations waivers and CAP-DA.

OBJECTIVE: Advance choice and autonomy in services for individuals with disabilities and older adults.

STRATEGIES	PERFORMANCE MEASURES
<p>► Increase the number of older adults and people with disabilities who are able to access services in home and community settings.</p> <p>Increasing the number of older adults and people with disabilities who are able to remain in their home or in community settings will take both expanding services, and finding innovative ways to deliver those services to increase access to them. DHHS will leverage federal dollars to invest in infrastructure support for Area Agencies on Aging — non-profit agencies designated by the state to address the needs of older adults — to develop sustainable business models that will allow for expansion of services. DHHS will also provide training and technical support for aging network providers to better reach and serve historically marginalized populations.</p> <p>DHHS will increase awareness of NC CARE360 and 211 to connect older adults and people with disabilities to human service providers, including food, transportation, housing, and personal safety service providers.</p> <p>DHHS will work with partners to address loneliness and social isolation among older adults and people with disabilities during the pandemic through expanded virtual programming and enhanced technology support, including increasing the number of aging service providers that offer virtual support groups to keep caregivers and older adults connected with each other.</p>	<ul style="list-style-type: none"> • Metric: Percent increase in state-county special assistance in-home program for adult participants • Metric: Number of referrals for the aging network to resources for food, transportation, housing, and personal safety • Metric: Percent increase in older adults receiving home delivered meals
<p>► Develop and implement a comprehensive plan to improve the quality of the direct care workforce in community and facility.</p> <p>Direct care workers assist older adults and people with disabilities with daily tasks, such as dressing, bathing, and eating. Direct care workers include personal care aides, home health aides, and nursing assistants. DHHS will establish a comprehensive plan to improve the quality of the direct care workforce. DHHS will work with health plans and providers to increase the average direct care workforce pay to \$15 hour.</p>	<ul style="list-style-type: none"> • Milestone: Comprehensive plan developed • Milestone: Direct care workforce pay increased to \$15 per hour

<p>► Increase the number of communities, employers, hospitals, and other entities embracing age friendly, dementia friendly, and disability friendly concepts around making communities accessible, open and welcoming of people with dementia and their caregivers and loved ones.</p> <p>DHHS will create a menu of actions for partners to implement age friendly, dementia friendly, and disability friendly practices. DHHS will lead a process with external stakeholders to develop a strategy for increasing North Carolina Dementia Friendly Communities Coalition engagement in 2022. Built off this process, DHHS will then replicate strategies to incorporate age friendly and disability friendly concepts into communities.</p>	<ul style="list-style-type: none"> • Milestone: Increase participation by 10% on the NC Dementia Friendly Communities and hospitals collaborative
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OBJECTIVE: Enhance protections for individuals with disabilities and older adults.

STRATEGIES	PERFORMANCE MEASURES
<p>► Increase identification and reporting of abuse, neglect or exploitation of older adults and people with disabilities.</p> <p>DHHS will expand training on how to identify and report abuse, neglect and exploitation to organizations and individuals. This will include specific communications to older adults and people with disabilities on how to report if they are being abused, neglected, or exploited without fear of being institutionalized.</p>	<ul style="list-style-type: none"> • Metric: Number of care providers trained on identifying and reporting abuse, neglect and exploitation
<p>► Reduce the number of people under guardianship through competency restoration efforts.</p> <p>Competency restoration is a process that allows a person who has been declared incompetent and placed under a guardianship, to be declared competent to manage their affairs. The Division of Aging and Adult Services will support County DSS and Guardianship Corporations to expand competency restoration efforts using continuous quality improvement reviews, training and consultation.</p>	<ul style="list-style-type: none"> • Metric: Number of individuals whose competency is restored
<p>► Prevent fraud and scams and increase prosecution of financial exploitation and fraud cases by strengthening and formalizing partnerships with the NC Attorney General's Office, NC Secretary of State's Office, local District Attorney's, County DSS, banking institutions, and Area Agencies on Aging.</p> <p>DHHS will work with partners to conduct outreach and educational programming to vulnerable populations and the aging and disability networks that serve them to help them identify fraud and scams. DHHS will also increase the visibility of current fraud and scam reporting mechanisms. DHHS will encourage all 100 county DSS to utilize the HelpVul platform, a new web-based reporting platform designed to combat financial exploitation, to strengthen and formalize responding to reports of financial exploitation. DHHS will partner with the Attorney General's Office and Secretary of State to provide training on financial exploitation to county DSS.</p>	<ul style="list-style-type: none"> • Milestone: Established partnership with AG and other partners • Metric: Number of referrals through HelpVul view

GOAL 7: Achieve operational excellence by living our values – belonging, joy, people-focused, proactive communication, stewardship, teamwork, and transparency.

INDICATORS OF SUCCESS:

- DHHS will meet the milestones and performance measures in this strategic plan.
- Policies and programs will be informed by integrated data systems that enable data-driven decision making.
- DHHS staff report increased job satisfaction.
- DHHS will have a workforce that reflect the people we serve

OBJECTIVE: Enable data driven decision making through a modernized data and IT infrastructure.

STRATEGIES	PERFORMANCE MEASURES
<p>► Expand and invest in the architecture, analytic capabilities, and data sharing processes needed to drive data-informed decisions.</p> <p>To support data-driven decision making, DHHS needs to build the tools that allow DHHS teams to easily access needed insights from multiple data sources. DHHS will invest in the technology needed to support more seamless data storage, integration, retrieval, and visualization across the department. DHHS will finalize a Master Patient Index (MPI) to link patient records across multiple datasets for more robust insights.</p>	<ul style="list-style-type: none"> • Metric: Number of staff that access the dashboards weekly
<p>► Foster a workforce that uses data in its decision making.</p> <p>DHHS will create a professional development series on available data resources to help staff understand the data that is available across the department, the benefits and limitations of different data resources, how to request data from other divisions, and how to leverage data assets to inform decision making.</p>	<ul style="list-style-type: none"> • Metric: Percent of managers and staff that have taken this course within the first year of its availability

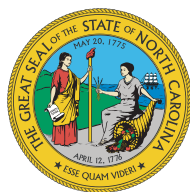
OBJECTIVE: Achieve our strategic goals through an environment that fosters cross departmental teamwork and invests in an efficient, effective, and equitable workforce.

STRATEGIES	PERFORMANCE MEASURES
<p>► Align and unify staff in accomplishing strategic goals by cascading strategic plan goals, objectives, and strategies into performance plans of individuals.</p> <p>DHHS employees will align individual work plans to the objectives and strategies in this plan. DHHS will create a template for manager and staff performance plans that includes fields to reflect DHHS goals. The Office of Human Resources will provide guidance to Division Directors and Managers on how to connect performance plans to the strategic plan. DHHS will create a tracking dashboard to monitor progress in execution of the Strategic Plan, including key leads.</p>	<ul style="list-style-type: none"> • Metric: Percent of performance plans linked to strategic plan goals • Metric: Number of strategic plan strategies completed

OBJECTIVE: Be effective stewards of state resources and transparent with the people we serve.

STRATEGIES	PERFORMANCE MEASURES
<p>► Implement a re-organization and change management process that aligns the structure of the department to its strategic goals and fosters the coordination and leadership necessary to achieve the strategic goals.</p> <p>DHHS will work with a change management partner to implement a re-organization, including the creation of the new offices and divisions laid out in this strategic plan.</p>	<ul style="list-style-type: none"> • Milestone: Complete a change management process by the end of 2023 and create a guide that matches DHHS goals to its structure
<p>► Enhance financial dashboards and review processes to effectively track the use of key funding pools, including division budgets, CARES Act, ARPA funding and Block Grant Funding.</p> <p>Budget and Analysis and The Office of the Controller will create a set of financial performance dashboards to ensure careful stewardship of resources and to support management in making timely informed decisions.</p>	<ul style="list-style-type: none"> • Milestone: By the middle of FY 2022, have a dashboard that tracks all key funding pools, that is accessible and regularly reviewed by department leads and establish regular check in points between finance and department leads to review status

<p>► Develop and implement innovative contracting strategies that reduce contract cycle time and increase opportunities for HUB and Minority, Women, Veteran, and Emerging Small Businesses.</p> <p>Innovative contracting strategies can help make DHHS contracting more equitable and efficient. DHHS will complete a grants management and contract monitoring toolkit that includes checklists, monitoring guidance, a grants management manual, forms and templates, internal control questionnaires, risk assessment and monitoring guidance, and training. DHHS will leverage this toolkit and provide dedicated training to HUB and minorities, women, veterans, and emerging small businesses on how to navigate the DHHS contracting process to increase their ability to compete for DHHS contracts.</p>	<ul style="list-style-type: none"> • Metric: Cycle time from receipt of complete request to vendor notice to proceed • Metric: Number of educational sessions delivered • Metric: Percent of contracts, procurement, and financial assistance opportunities being distributed through HUB and minority, women, veteran, and emerging small businesses channels
<p>► Modernize the Department's websites to allow the public to easily get information in a timely and accessible manner to make important decisions about their health and wellbeing.</p> <p>DHHS will continue to improve the Department's website for an intuitive user experience and promote timely information through targeted channels that are right for the intended audience. DHHS will also refresh communications guidance to Divisions and Offices on how to improve organization of website content.</p>	<ul style="list-style-type: none"> • Milestone: Public health websites are in Drupal



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